

African Born*

Numerous cultural and socioeconomic factors unique to African immigrant populations, particularly those migrating from a less developed to a more developed nation, warrant specialized interventions to address the issues of HIV/AIDS prevention, transmission and treatment. For many immigrants, language barriers, difficulty abandoning traditional health beliefs, and intense stigmatization contribute to the vulnerability to HIV transmission (Rosenthal et al., 2003). According to the 2000 Census, seven percent of the Virginian foreign-born population is from Africa. Eighty-two percent of this population resettled in Northern Virginia. Although the population of African-born people living in other regions of Virginia is considerably lower than in Northern Virginia, clusters of more than 750 African-born people exist in Henrico, Virginia Beach, and Chesterfield (Census, 2000).

Between 2000 and 2006, there were 339 reports of a HIV diagnosis among African-born people in Virginia. Sixty-two percent were female and 71% (138/194) of these cases reported risk as heterosexual contact. The largest proportion of these diagnosed cases were born in Ethiopia (36%), followed by Ghana (11%) and Cameroon (7%). Eighty-eight percent of the 52 diagnosed cases in 2006 were in the Northern Health Region.

Trends in HIV transmission among international migrants are difficult to ascertain. This is due in part to cultural and socioeconomic factors, but it also reflects the limitations of the HIV/AIDS surveillance system to collect data specific to immigrant populations. Inconsistent collection of place of birth and the use of race to characterize people means that very different populations are grouped together in surveillance data. This problem is particularly visible in the Virginia portion of the Washington, DC MSA where most African immigrants reside.

Tompkins et al.(2006) investigated the structural and cultural barriers to HIV/AIDS knowledge, risk behaviors and perceptions among African immigrants. This research demonstrates the growing need for culturally specific HIV education, testing

Between 2000 and 2006, there were 339 African Born persons reported with HIV infection in Virginia.

Thirty-six percent of the African born persons reported with HIV infection between 2000 and 2006 were born in Ethiopia, followed by Ghana (11%) and Cameroon (7%).



and treatment for African immigrants risk behaviors and perceptions among African immigrants.

This research demonstrates the growing need for culturally specific HIV education, testing and treatment for African immigrants in the United States as well as the need to develop surveillance methods that accurately capture the burden of disease among this population.

REFERENCES

Rosenthal, L., Scott, D., Kellela, Z., Zikarge, A., Momoh, M., Lahai-Momoh, J., Ross, M., & Baker, A. (2003). Assessing the HIV/AIDS Health Services Needs of African Immigrants to Houston. *AIDS Education and Prevention*, 15, 570-580.

Tompkins, M., Smith, L., Jones, K., & Swindells, S. (2006). HIV Education Needs Among Sudanese Immigrants and Refugees in the Midwestern United States. *AIDS and Behavior*, 10, 319-323.

U.S. Census Bureau. (2000). "Place of Birth for the Foreign-Born Population Source: U.S. Bureau of the Census, 2000 Census of Population & Housing" Retrieved 22 June 2007. www.census.gov.

*African-born: refers to anyone who is born in Africa, and includes naturalized U.S. citizens, lawful permanent residents (immigrants), temporary migrants (such as foreign students), humanitarian migrants (such as refugees), and persons illegally present in the United States.